

3.

COUNTY OF NAPA FMPI OYMENT APPLICATION 4

INSTRUCTIONS

Complete all sections of form.

Print or typewrite.

Additional information may be attached.

POSITION APPLIED FOR	(707) 253-4303						
1. Name - Last	Firs	Middle		2. Correctional Officer & Juvenile Hall Counselor Applicants only Male Female			
3. Address - Street		Ci	City State Zip Code				
4. PHONE Home			5. SOCIAL SECURITY NUMBER				
Other Emerg	gency		6. OFFICE SKILLS Typing Speed				
7. Do you possess a valid Cali Yes No Expires Driver's License Number Class A B C		ver's License?	8. Can you, after an offer of employment, submit verification of your legal right to work in the United States?				
 Please answer only if the jot U.S. Citizen ☐ Yes 	b announc	ement for the position for which you are	e aplying requires citizensh	nip and/or minimum age.			
 10. Answer the following questions by placing an "x" in the YES or NO column. If you answer "YES" to any questions, give additional information below in No. 11. A. Have you ever been convicted for any offense? Explain below in No. 11. 							
B. Were you ever a member of	f the State	or Public Employees Retirement Syste	em? If yes, list employer a	nd dates in No. 11.			
		ed during probation, or have you re	esigned under pressure or	r unfavorable circumstances from any			
D. Are you now, or have you e		mployed by the County of Napa? Expl	ain in No. 11.				
				, list name, department, and relationship			
11. Use this space or an attach	ment for d	etails regarding any "YES" answers to	10, A, B, C, D, E, or for oth	her supplementary information.			
12. WILL YOU ACCEPT:	YES NO	P	ERSONNEL SERVI	CES USE ONLY			
(a) Permanent Part-Time Work (less than 40 hrs. per week)		Application Accepted: ☐ Yes ☐ No Rejected: Failed application review ☐ Educ. ☐ Exp. ☐ Lic./Cert. ☐ Insuff. Info					
(b) Temporary, Extra Help Work (whenever needed)			ritten Oral Per	rf.			
(c) Evening/Night Work		Comments:					
(d) Saturday/Sunday Work				AND	P		

I hereby certify that all statements made in this application are true to the best of my knowledge, and I agree and understand that any misstatement of material facts herein may cause forfeiture on my part of all rights to any employment in the service of the County of Napa.

Signature	Date
Signature	

	Please rea	ad the qua	EDUCATION AND EX		completing thi	s side.		
14. Education	14. Education High School Graduate Yes No If no, indicate highest grade completed Passed High School Equivalency Test or GED Yes No							
A Name & location of college/university/ other schools			Study or major	Semester units	Quarter units	Degree received	Date completed	
				ah arabias is	45 la addit	ion to Continh Loop flyont		
Valid certificates of professional or vocational or professional associations. Include effective and professional associations.						In addition to English, I can fluently: Speak Read Write Language(s)		
week) spent in such expe	ieve helps you i riences with "V	meet the r	including military service you f equirements of the classificati ER" written in the space follow is needed. Resumes will no	on for which you ai	re applying, she e details of the	nich you are applying. List owing actual time (number duties relevant to the pos	r of hours per	
Period of Employment J			bb Title and Most Important Duties Performed			17. May we contact present employer? ☐ Yes ☐ No		
A. From To Job title:						Name, address, and phone no. of employer: Immediate supervisor: Reason for leaving:		
Salary \$ per								
A. From To	<u>I</u> Dut	title: ies:			Name, a	address, and phone no. of	employer:	
TotalYr(s). Hours per week Salary \$ per						ate supervisor: for leaving:		
A. From To Job title:					Name,	Name, address, and phone no. of employer:		
Total Yr(s). Hours per week Salary \$ per						ate supervisor: for leaving:		
A. From To Job title:					Name,	Name, address, and phone no. of employer:		
TotalYr(s) Hours per week Salary \$ per						ate supervisor: for leaving:		
A. From To	<u>/</u> Dut	title:			Name,	address, and phone no. of	employer:	
Hours per week Salary \$ per						iate supervisor: n for leaving:		

Recruitment C	Questionnaire
Please indicate how you became	e aware of this job opportunity.
Word of Mouth	Bulletin Board
A County Employee B Relative or Friend	H County Personnel I Other County Depts.
C Other (Specify)	J Community College K State Employment (EDD)
Advertisement	L Other (specify)
D Newspaper E Radio	Community Organization
F Jobs Available G Trade or Professional Journal	M Specify
	Other N County Job Hotline O County Website
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION: We need to ask you your recruitment efforts. This information is VOLUNTARY , and if you object to filling it of form before your application is reviewed. Please check the ethnic group you mo	out, you need not do so. This tear off sheet will be removed from the application
☐ WHITE ☐ HISPANIC	☐ ASIAN/PACIFIC ISLANDER
☐ BLACK ☐ AMERICAN IN	DIAN/ALASKAN NATIVE
Please check one: MALE FEMALE	ARE YOU DISABLED YES NO
Title of the position applying for:	
Name:	Date